



pennsylvania
DEPARTMENT OF HUMAN SERVICES

AUG 02 2017

Ms. Wendy Martin,
Administrator
Martin's Care Home, Inc.
522 West Main Street
Rockwood, Pennsylvania 15557

RE: Martin's Care Home
License #: 321540

Dear Ms. Martin:

As a result of the Department of Human Services' annual licensing inspection on March 21, 2017 of the above facility, the violations with 55 Pa.Code Ch. 2600 (relating to Personal Care Homes) specified on the enclosed License Inspection Summary were found.

All violations specified on the enclosed License Inspection Summary must be corrected by the dates specified on the License Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

In an effort to improve our licensing processes, the Bureau of Human Services Licensing is soliciting feedback about your recent human services licensing inspection experience. To participate in the online provider survey, launch your web browser and go to https://www.surveymonkey.com/r/BHSL_Inspection.

The survey is brief and will only take about 5 minutes to complete. Your participation in the survey is completely voluntary and all of your responses will be kept confidential. The responses will be reviewed as part of an aggregate of provider inspection responses. Thank you in advance for providing feedback.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Rowe".

Jacqueline L. Rowe
Director

Enclosure
License Inspection Summary

**VIOLATION REPORT
PERSONAL CARE HOMES - 55 Pa.Code Chapter 2600**

PCH Name: MARTINS CARE HOME		License Number: 32154
Address: 522 W MAIN ST, ROCKWOOD, PA 15557		County: Somerset
Administrator: Wendy Martin		Region: CENTRAL
Legal Entity Name: MARTINS CARE HOME INC		
Legal Entity Address: 522 WEST MAIN STREET, ROCKWOOD, PA 15557		
Certificate(s) of Occupancy		
C-2 LP 03/31/1999 L&I	C-2 LP 04/29/1999 L&I	
Staffing Hours		
Resident Support: 0	Total Daily Staff: 15	Waking Staff: 11
Type of Inspection: Full	BHA Docket Number:	Notice: Unannounced
Reason(s) for Inspection(s) Renewal, Complaint		
On-Site Inspections Dates and Department Representatives On-Site 03/21/2017; Hoover, Douglas; Showers, Michael		
Off-Site Inspection Dates and Inspectors, if Applicable		
<p>RECEIVED</p> <p>M. I. C.</p> <p>CENTRAL REGION WELD OFFICE Human Services</p>		
Other Details		
Partial or Full Triggers:		Random Indicators:
Resident Demographic Data as of Inspection Dates		
Licensed Capacity: 18 Number of Residents Served: 15 Secured Dementia Care Unit In Home: No Area: Secured Dementia Unit Capacity, if Applicable: Number of Residents Served in Secured Dementia Care Unit, if applicable: Number of Current Hospice Residents: 0 Number of Hospice Residents In past year: 0	Number of Residents who: Receive Supplemental Security Income: 12 Are 60 Years of Age or Older: 7 Have Mental Illness: 10 Have an Intellectual Disability: 2 Have a Mobility Need: 0 Have a Physical Disability: 0	

Violation Report: 32154 - 03/21/2017 - Hoover, Douglas
PCH Name: MARTINS CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.3(c) - The personal care home shall post the current license, a copy of the current licensing inspection summary issued by the Department and a copy of this chapter in a conspicuous and public place in the personal care home.

2a. DESCRIPTION OF VIOLATION

The most current violation report, dated 3/16/16, was not posted in a conspicuous and public place in the home.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

** (Administrator)
I will be sure to post my
current licensing inspection summary
each yr. 3/16/16 violation report posted immediately.
The personal care home shall post
the current license, a copy of the
current licensing inspection summary
issued by DPW each yr.*

REC'D

CENTRAL PENNSYLVANIA
INCH

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
(Required on EVERY Page) *Wendy A. Martin*

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) *Wendy A. Martin* Date *15/10/17*

DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 6-2-17
(Date)

Plan of correction implementation status as of 6-2-17
(Date)

The above plan of correction was approved by BE
(Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 32154 - 03/21/2017 - Hoover, Douglas

PCH Name: MARTINS CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.18 - A home shall comply with applicable Federal, State and local laws, ordinances and regulations.

2a. DESCRIPTION OF VIOLATION

There was no carbon monoxide detector within 15 feet of the boiler in the basement.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

(Administrator)

I purchased a carbon monoxide detector for our home, we will have it checked back up by our fire chief when he inspects our smoke detectors, I am sending a copy of the receipt from our purchase, I will be sure to check regulations by weekly to see if any have changed. Be sure to make any and all changes as needed!

Repeat Violation: No	Date(s) of Previous Violation(s): 6/2/17	
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Signature of Legal Entity Representative (Required on EVERY Page) *Wendy A. Martin*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Wendy A. Martin</i>	Date <i>5/10/17</i>
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DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!

<p>The above plan of correction is approved as of <u>6-2-17</u> (Date)</p> <p>The above plan of correction was approved by <u>W</u> (Initials)</p>	<p>Plan of correction implementation status as of <u>6-2-17</u> (Date)</p> <p><input checked="" type="checkbox"/> Fully Implemented</p> <p><input type="checkbox"/> Partially Implemented - Adequate Progress</p> <p><input type="checkbox"/> Partially Implemented - Inadequate Progress</p> <p><input type="checkbox"/> Not Implemented</p>
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Violation Report: 32154 - 03/21/2017 - Hoover, Douglas
 PCH Name: MARTINS CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.20(b)(8) - The home shall give the resident and the resident's designated person, an itemized account of financial transactions made on the resident's behalf on a quarterly basis.

2a. DESCRIPTION OF VIOLATION

Quarterly accounts of financial transactions were not provided to Residents' #1, #2, #3, #4, #5 and #6, who receive financial management services.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

(Administrator)
 I made a copy from the DPA website of the ¹ quarterly financial summary and the ² cash distribution record ³ record of financial transactions so I will be sure to use these forms for all cash disbursements. Give the residents a copy of the quarterly review. I will be sure to follow the DPA website to see any changes.
 A copy of the itemized account will be kept in each resident's record. -BE

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Wendy Martin*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Wendy A MARTIN* Date *5/10/17*

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The above plan of correction is approved as of 10-2-17
 (Date)

Plan of correction implementation status as of 6-2-17
 (Date)

The above plan of correction was approved by BE
 (Initials)

- Fully Implemented
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented

Violation Report: 32154 - 03/21/2017 - Hoover, Douglas
 PCH Name: MARTINS CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.103(h) - Food shall be thawed either in the refrigerator, microwave, under cool water or as part of the cooking process.

2a. DESCRIPTION OF VIOLATION

There was a 4.49 lb. package of "Giant Eagle" ground beef being thawed at room temperature on the kitchen counter.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Food shall be thawed either in the refrigerator, microwave or under cool water or as part of the cooking process. I have educated my staff again on this subject. Documentation of training will be kept. -^(Administrator) SE

Repeat Violation: No	Date(s) of Previous Violation(s):		
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Wendy A Martin*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Wendy A Martin* Date *5/10/17*

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Violation Report: 32154 - 03/21/2017 - Hoover, Douglas
 PCH Name: MARTINS CARE HOME

1. REGULATION 55 Pa.Code §2600

2600.142(d) - The home shall assist the resident to secure preventative medical, dental, vision and behavioral health care as requested by a physician, physician's assistant or certified registered nurse practitioner.

2a. DESCRIPTION OF VIOLATION

Resident #7 was discharged from the hospital on 11/16/16 with instructions to schedule a follow-up appointment with the primary care physician within 7 to 10 days. The appointment was not scheduled until 12/12/16.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Administrator

I will be assist ^{all} the residents in securing preventative medical, dental, vision and behavioral health care as requested by a physician, physician assistant or certified nurse practitioner. I will be sure to follow up with any care needed in a timely fashion including after physician appointments, hospital discharges and changes in treatment. -SE

Repeat Violation: No	Date(s) of Previous Violation(s): 6/1	
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Signature of Legal Entity Representative
 (Required on EVERY Page) *Wendy A Martin*

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) <i>Wendy A Martin</i>	Date <i>5/10/17</i>
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The above plan of correction was approved by SE
 (Initials)

Plan of correction implementation status as of 6-2-17
 (Date)

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 Partially Implemented - Adequate Progress
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 Not Implemented

Violation Report: 32154 - 03/21/2017 - Hoover, Douglas
 PCH Name: MARTINS CARE HOME

1. REGULATION 55 Pa.Code §2600
 2600.187(d) - The home shall follow the directions of the prescriber.

2a. DESCRIPTION OF VIOLATION
 On 3/13/17 and 3/18/17, Resident #8 did not have readings of his/her blood sugar taken, as prescribed by the physician..

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
 Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Moving forward, the identified resident will have readings taken as directed by his/her physician. -SE
 I will be sure to follow all Doctors orders as prescribed
 The home shall follow the directions of the prescriber for each resident, I will also educate my staff on this again as well by 6/30/2017. Documentation of this training will be kept by the home. -SE

Repeat Violation: No Date(s) of Previous Violation(s):

Signature of Legal Entity Representative
 (Required on EVERY Page) *Wendy Martin*

Printed Name and Title of Legal Entity Representative
 (Required on EVERY Page) *Wendy A Martin* Date *5/10/17*

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